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## APPLICANTS

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 Alfonso Valdes, San Carlos, CA;

\*\* CONTINUING DATA \*\*\*\*\* *JH*  
 THIS APPLICATION IS A CON OF 09/188,739 11/09/1998

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *N/A JH*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/02/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after		
Verified and Acknowledged	<i>Alfonso Valdes</i> Examiner's Signature	Initials	
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	6	22	2

## ADDRESS

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## TITLE

*HIERARCHICAL EVENT MONITORING AND ANALYSIS*  
*Hierarchical event monitoring and analysis*

FILING FEE RECEIVED 428	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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